

2009 JUNE **LEADERSHIP SUPERVISORY** **DEVELOPMENT PROGRAM** **AGENDA**

South Broadway Cultural Center
1025 Broadway SE

DAY 1- Tuesday, June 15, 2009

8:00 a.m. - 9:50 a.m. – Herb Howell, LEAD Staff

10:00 a.m. - 12:00 p.m. – Harassment Avoidance: A. Baldwin, R. Benison

1:30 p.m. - 5:00 p.m. – Rules & Regulations, Q/A: M. Scott

DAY 2- Monday, June 22, 2009

8:00 a.m. - 10:30 a.m. - Employee Management: R. Autio

10:15- 12:15 p.m. – LEAD, RPR: H. Howell

1:30-5:00 p.m. - Wellness Seminar: J. D. Maes

DAY 3- Thursday, June 25, 2009

8:00 a.m. – 10:00 a.m. - Mgmt Art & Science, PEG/EWP: H. Howell

10:40 a.m. - 12:00 p.m. – Labor Relations: L. Torres & P. Broome

1:30 p.m. - 3:20 p.m. – ADA: R. Benison

3:30 p.m. - 4:30 p.m. – ADR: S. Watson

DAY 4- Friday, June 26, 2009

8:00 a.m. - 11:30 a.m. – Budget Process: M. Sandoval & T. Shogry

1:30 p.m. - 5:00 p.m. – How to Hire the Best Person: B. Esquibel,

DAY 5- Monday, June 29, 2009

8:00 a.m. - 12:00 p.m. Reasonable Suspicion: L. Cruz

1:00 p.m. - 3:00 p.m. - Fleet Safety: P. Ennen

3:10 p.m. - 5:00 p.m. – Workplace Violence & EAP: J. Bain

DAY 6- Tuesday, June 30, 2009

8:00 a.m. - 5:00 p.m. - Workplace Safety Requirements/Leadership:

H. Howell, J. O'Connell, & P. Ennen



City of Albuquerque

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PARTICIPANT REGISTRATION FORM

*Courses offered by the L.E.A.D. Division are open for enrollment for
City of Albuquerque employees and L.E.A.D. Training Partners only.*

Name: _____ **Employee ID:** _____

Department: _____ **Division:** _____ **Pay Grade:** _____

Date of hire: _____ **Date of current grade:** _____

Work Number: _____ **Fax Number:** _____

Email: _____ **How many people do you supervise:** _____

What is the name of the section or unit you supervise: _____

Work Location (address): _____

Are special accommodations required? _____

Your Signature

Date

SUPERVISOR'S APPROVAL

The participant's immediate supervisor's approval is required for attendance and granting permission to have the department billed for this training in the amount of \$125.00.

Please provide the activity and account number to be used for the Journal Voucher.

Account #

Activity #

Supervisor's Printed Name: _____ **Position:** _____

Supervisor's Signature: _____ **Telephone #:** _____

Please email completed form to MonTrosie Stallard at MStallard@cabq.gov
If you do not have email, please fax to MonTrosie Stallard at 924-3811.

*Center for Learning, Education And Development
Human Resource Department
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